

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044209

6202

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

FILED DEC - 2 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>      |  | c. CITY OR TOWN <b>Kansas City</b>   |  |
| Length of stay in 1b<br><b>46 yrs.</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Menorah Medical Center</b> |  | d. STREET ADDRESS (If Outside, give location)<br><b>904 W. 29th St.</b>  |  |

|   |                                  |  |  |   |   |
|---|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frances</b> Middle <b>Prieto</b> Last <b>Prieto</b>               |                                  |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>13</b> Year <b>1963</b> |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10-1-01</b>                                 | 9. AGE (last birthday)<br><b>59</b>                                 | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>13</b> Hours <b>13</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>St. Mary's Hosp.</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>El Paso, Texas</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                  | 13a. FATHER'S NAME<br><b>Lorenzo Trijillo</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Maria Cruz Mejia</b>                |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Salvador Prieto</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |  | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>                        |   |
| 17. INFORMANT<br><b>Mrs. Delphine DeFlatto</b>  |                                  | Address<br><b>K.C., Mo.</b>  |  | 2325 1/2 Monitor  |   |

|   |   |  |                              |  |       |
|---|---|--|------------------------------|--|-------|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myo Cardial infarction</b><br>DUE TO (b) <b>Coronary Thrombosis</b><br>DUE TO (c) <b>Ventricular Hypertrophy</b><br>Interval between onset and death <b>12 hours</b> |   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Aortic stenosis - congestive heart</b> |                              | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)  |                              |  |       |
| 20c. TIME OF INJURY<br>Hour <b>7:55</b> a.m. <b>p.m.</b> Month, Day, Year <b>Nov 13, 1963</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION | COUNTY   | STATE |

|  |                              |  |  |   |  |  |  |
|--|------------------------------|--|--|---|--|--|--|
| 21. I attended the deceased from <b>1960</b> to <b>Nov 13, 1963</b> and last saw her alive on <b>Nov 13, 1963</b><br>Death occurred at <b>7:55 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                              | 22a. SIGNATURE (Degree or title)<br><b>L. M. Shapiro M.D.</b>        |  | 22b. ADDRESS<br><b>701 E 63rd St. 301</b>                                     |  | 22c. DATE SIGNED<br><b>11-14-63</b>                                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>11-16-63</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mount Saint Mary's Cem.</b> |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  | 24. FUNERAL DIRECTOR<br><b>WEILERT FUNERAL HOMES (W) K.C., MO.</b> |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>11-14-63</b>  |                              | 26. REGISTRAR'S SIGNATURE<br><b>Bessie Smith</b>                     |  |   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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